10/591562 IAP9 Rec'd PCT/PTO 3 0 AUG 2006

Application Data Sheet

Application Information	
Application Number::	
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	No
Number of copies of CRF::	
Title::	Volumetric Screw Compressor Provided
•	with Delivery Adjustment Device
Attorney Docket Number::	BONNP43
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	9
Small Entity?::	Yes
Latin name::	
Variety denomination name::	

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Patent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: IT

Status:: Full Capacity

Given Name:: Gianni

Middle Name::

Family Name:: Candio

Name Suffix::

City of Residence:: Lonigo (VI)

State or Province of Residence::

Country of Residence:: IT

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City of mailing address:: Lonigo (VI)

State or Province of mailing address::

Country of mailing address:: IT

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Inventor Applicant Authority Type:: Primary Citizenship Country:: IT **Full Capacity** Status:: **Enrico** Given Name:: Middle Name:: Faccio Family Name:: Name Suffix:: Cologna Veneta (VR) City of Residence:: State or Province of Residence:: IT Country of Residence:: Via Quari Destra, 55 Street of mailing address:: Cologna Veneta (VR) City of mailing address:: State or Province of mailing address:: Country of mailing address:: IT Postal or Zip Code of mailing address:: 37044 Inventor Applicant Authority Type:: Primary Citizenship Country:: IT **Full Capacity** Status:: Diego Given Name::

Middle Name::

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Country of Residence::	IT ·	
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City of mailing address::	Lonigo (VI)	
State or Province of mailing address::		
Country of mailing address::	IT	
Postal or Zip Code of mailing address::	36045	
Correspondence Information		
Correspondence Customer Number::	000049691	
Name::		
Street of mailing address::		
City of mailing address::	•	
State or Province of mailing address::		
Country of mailing address::		
Postal or Zip Code of mailing address::		
Phone number::		
Fax number::		
E-Mail address::		
Representative Information		
Representative Customer Number:: 000049691		

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
IT	VI2004A000034	03/03/04	Yes

Assignee Information

Assignee name::

Street of mailing address::

City of mailing address::

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